# Job Class Creation/Modification Request

This form is to be used for Job Classes that are NOT under the jurisdiction of the State Human Resources (State HR). Complete this form to request the creation of a new Job Class or a revision/modification to an existing Job Class.

## Requestor Information

Request Initiated By:                                          Agency:

Phone:                                                         Email:

## Create A New Job Class

Effective Date Agency:                                         Unique Class Code:

Agency Job Class Title:                                        Pay Scale/Grade Type:

Pay Scale/Grade Area:                                          Pay Scale/Grade Group:

Other:

EEO Code:                                                      Is the Job Class for:

                                                                   State Employee

                                                                   Non-State Employee

Overtime Eligible        Overtime Exempt               Workforce Indicator:

## Revise/Modify An Existing Job Class

Effective Date:

**Action**

SAP Job Class Number:                    (SAP Job Class Number does not change)

Agency Unique Class Code:
    **Current**                                         **New**

Job Class Title:
    **Current**                                         **New**

Pay Scale or Pay Grade:
**Current**                                                      **New**


Job Class EEO Code:
**Current**                                                      **New**

## Required Signatures

### Agency Designated HR Approving Authority

Director's/Designee's Signature (required):                    Date:


### State HR Labor Relations Section Approval Required for State Patrol and Marine Division Changes

Labor Relations Signature (required):                    Date:


**Submit signed form to: [classandcomp@ofm.wa.gov](mailto:classandcomp@ofm.wa.gov)**